PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:								
TYPE OF DECLARATION								
This declaration is of the following type:								
[] original								
[] design								
[] supplemental								
[] divisional								
[] continuation								
[x] continuation-in-part (CIP)								
INVENTORSHIP IDENTIFICATION								
My residence, post office address and citizenship are as stated								
below next to my name, I believe I am the original, first and								
sole inventor (if only one name is listed below) or an original,								
first and joint inventor (if plural named are listed below) of								
the subject matter which is claimed for, for which a patent is								
sought on the invention entitled:								
TITLE OF INVENTION								
IMPROVED SUTURE ANCHOR AND DRIVER ASSEMBLY								
SPECIFICATION IDENTIFICATION								
the specification of which: (complete (a), (b), or (c))								
(a) [] is attached hereto.								
(b) [X] was filed on <u>February 14, 1992</u> as								
[X] Serial Number 07/836,679								
[] Express Mail No., as Serial Number not								
yet known								
(c) [] was described and claimed in PCT International								
Application No filed on								
and as amended under PCT								
Ambigle 10 am								

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the - contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 CFR 1.56.

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Dougla	s E. Denninger	31,752
	(Name)	(Reg. No.)
Willia	m H. Calnan (Name)	29,520
	•	(Reg. No.)
[]	Attached as	part of this declaration and power of
	attorney is	the authorization of the above-named attor-
	ney(s) to a	ccept and follow instructions from my repre-
	sentative(s)).
SEND C	ORRESPONDENCE A	AND TELEPHONE CALLS TO:
<u>Dougla</u>	s E. Denninger	
Americ	an Cyanamid Cor	npany
1937 W	<u>est Main Street</u>	t, P. O. Box 60
Stamfo	rd, Connecticut	06904-0060

Telephone No. (203) 321-2255

CIP APPLICATION

CLAIM	FOR	BENEFIT	OF	EARI	LIER	U.S	./PCT	APPLICA	TION ((S)
		UN	IDEF	₹ 35	U.S.	.c	120			

I hereby claim the benefit under Title 35, United States Code, Section 120 of the United States applications that are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in those prior applications in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120								
II S	CATTON	STATUS (check one)						
U.S. APPLICATION U.S.			FILING DATE	patented	pending	abandoned		
1. 07/552,440		July 13, 1990			Х			
2. 07/681,042 Ap		April	5, 1991		х			
3. /								
PCT APPLICATIONS DESIGNATING U.S.								
PCT APPLN.	PCT FILING		U.S. SERIAL NOS ASSIGNED					
NO.	DATE		(if any)					
4.			/					
5.			/					
6.			/					

DECLARATION

SIGNATURE(S)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY FOURTH AND SUBSEQUENT INVENTORS ப்ல Full name of FOURTH JOINT INVENTOR, if any GERARD S! CARLOZZI Inventor's signature Country of Citizenship U.S.A. Residence 79 Tilden Road, Weymouth, Massachusetts 02190 Post Office Address Weymouth, Massachusetts 02190 Full name of FIFTH JOINT INVENTOR, if any PAUL DICARLO Inventor's signature (a) Country of Citizenship U.S.A. Residence 23 Sophie Lane, E. Falmouth, Massachusetts 02536 Post Office Address E. Falmouth, Massachusetts 02536 اللهما Full name of SIXTH JOINT INVENTOR, if any JAMES W. DWYER Inventor's signature Country of Citizenship U.S.A. Residence 107 Obtuse Road So., Brookfield, Connecticut 06804 Post Office Address Brookfield, Connecticut 06804 Full name of <u>SEVENTH</u> JOINT INVENTOR, if any <u>ALAN ATTRIDGE SMALL</u> Inventor's signature __ Man A small Country of Citizenship U.S.A. Residence 131 Richdale Road, Needham, Massachusetts 02194 Post Office Address Needham, Massachusetts 02194